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ABSTRACT

Twelve years have elapsed since Public Law 94-142, the Education for All Handicapped Children Act (EAHCA), was passed by Congress. This paper accordingly reviews the far-reaching effects of EAHCA on the educational enterprise, focusing on the legal, administrative, and instructional challenges of disciplining handicapped students in a comprehensive secondary school setting. The first section reviews cases pertaining to a growing and complicated body of case law that directly affects the professional practice of disciplinary officers, special education administrators, parents, and students. The second section addresses the problems of translating case law into professional practice at the local school building level. The third section describes the way in which Glenbrook South High School in Glenview, Illinois has implemented diagnostically grounded discipline in its special education program through cooperation with the community. The fourth section presents three case studies involving diagnostically grounded discipline of handicapped students. The conclusion summarizes the disciplinary model set forth in the paper. (TE)

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DISCIPLINING HANDICAPPED STUDENTS IN A COMPREHENSIVE SECONDARY SCHOOL SETTING: LEGAL, ADMINISTRATIVE, AND INSTRUCTIONAL CHALLENGES

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Introduction

It has been twelve years since Public Law 94-142, of the Education for All Handicapped Children Act (EAHCA) was passed by Congress. It has been a decade since the federal regulations were promulgated and implemented. Now that sufficient time has lapsed, educators, parents, advocates, and students can look back and evaluate EAHCA's impact on the educational enterprise.

With the exceptions of the Elementary and Secondary Education Acts of 1965, the National Defense Education Act of 1958, and Title IX, no single federal act has had a more sweeping and far reaching effect on public education than EAHCA. Unlike any previous piece of educational legislation, EAHCA conferred a civil right upon handicapped children. This entitlement declared handicapped children to have a right to a free appropriate education at public expense (FAPE). In doing this, the Congress imposed what has become an increasingly complicated service delivery system upon general education. At the time of its inception, neither general nor special education was sufficiently ready to meet this unique legislative challenge.

The interface between special education and regular education can often be characterized as two ships passing in the middle of the night. Much is done under the names of mainstreaming and least restrictive environment, which amount more to administrative convenience than qualitative special education services. This is not to suggest that there are not model special education programs around the nation; to be sure, there are. Rather, the point here is that even under the best of circumstances it has taken a decade to weld special education subsystem to the broader education macrosystem. The weld is far from secure.

THE LEGAL/ADMINISTRATIVE MILIEU

It is frequently true that the nodal point of friction between special and regular education is discipline. Since disciplinary officers are responsible for regulating the boundaries governing student conduct and behavior, it is not surprising that much of the legal and administrative milieu that has evolved over the last decade has centered around special education law. Beginning with Goss v. Lopez, 419 U.S. 565 (1975), disciplinary officers have been required to apply minimum due process standards to all students. As a result of Goss, local school districts cannot act arbitrarily in suspending or expelling students for gross misconduct or disobedience.

With the evolution of EAHCA, school authorities have witnessed a growing and complicated body of case law that directly affects the professional practice of disciplinary officers, special education administrators, parents and students. Since Stuart v. Nappi, 443 F. Supp. 1235 (D. Conn. 1978), an abundance of case law has evolved requiring disciplinary officers to zealously guard the procedural due process rights of handicapped students. In Nappi a learning disabled girl with a history of behavior problems was expelled from school following her involvement in a school-wide disturbance. In challenging the expulsion, the student's parents argued that the expulsion proceedings were illegal because the student was denied a free appropriate public education. The expulsion proceeding, they claimed, illegally terminated the special education placement. The court concurred, noting that the local board of education was not a group of qualified professionals (i.e. were not a multidisciplinary staff conference committee) authorized to determine the student's education needs and make placement recommendations.

In Doe v. Koger 480 F. Supp. 225 (N.D. Ind. 1979) the court examined a case not dissimilar to Nappi. In this case, a mildly retarded student was suspended for an indefinite period pending formal expulsion procedures. Here the court found that EAHCA prohibited the exclusion of a student from school without first determining whether the student's handicap caused the behavior which prompted school personnel to exclude, suspend, or expel.

Nappi and Koger were greeted with enthusiasm by some special educators, who were annoyed

with what they perceived to be insensitive handling of complicated special education students. Many regular educators, on the other hand, greeted Nappi and the other cases that were to follow with hostility. From their standpoint, EAHCA and FAPE disempowered school administrators, many of whom were already chaffing over court meddling in a range of educational issues. Further, they saw due process as a shield behind which misbehaving students could hide. It was as if Miranda had come to education.

S-1 Turlington represented an attempt to reverse the Nappi standard. In Turlington, 635 F. (2d 342 5th cir. 1981), mentally retarded students were expelled for behavior which school personnel did not believe to be related to the student's handicapping conditions. In the instant case, students were expelled for gross misconduct and disobedience related to swearing and striking a teacher. Turlington, Florida's State Superintendent of Education argued that discriminatory discipline was mandated when there was a relationship to the handicapping condition, but this case was distinguishable by the fact that the students knew the school rules and knew that they applied to them. Consequently, Turlington maintained that the students in question should be treated like any other students posing the same disruptive and inappropriate behavior. The court, however, refused to concede the handicapped students' right to the procedural safeguard inherent in EAHCA. In other words, the burden of proof was placed on the local education agency to determine the relationship of the handicapping condition to the behavior from which the suspension or expulsion was derived.

As Turlington was being argued, three cases not involving the discipline of handicapped students began to work their way through the hearing and court rooms. They were Rowley v. Board of Education, 105 S. Ct. 1996 (1982), Irving v. Tatro, 104 S. Ct. 3371 (1984) and Town of Burlington v. Massachusetts Board of Education 105 S. Ct. 1996 (1985). These cases affirmed the position that school official's conduct regarding handicapped students must be diagnostically grounded through a solid understanding and application of the case study evaluation.

According to the Rowley ruling, the case study evaluation and its translation into a special education program was all determining. In the first EAHCA case to be heard by the U.S. Supreme Court, Justice Rehnquist, speaking for the majority, advanced an educational benefits theory, holding that Amy Rowley was not entitled to a sign language interpreter because the case study evaluation indicated that she could derive educational benefits without it. In other words, the Court ruled that Amy Rowley was able to learn without sign language interpretation as an instructional resource. School districts were not obligated to maximize a handicapped student's potential through the use of educationally related services. Further, the Court maintained that the student's placement constituted a free appropriate education because her special education program was individually tailored and the IEP possessed sufficient instructional and educationally related services to allow her to achieve passing marks (benefit).

While Rowley did not address the disciplining of handicapped students, the link between student discipline and the case study evaluation was clear. The case study evaluation, especially for handicapped students with chronic behavior problems, must clearly articulate the relationship between what the student is able to do in complying with student conduct rules and what the student is unable to do in that regard. What occurred in the minds of many was a shift to the right. School authorities were empowered on the condition they strictly guarded procedural due process and effectively used the case study evaluation. With solid differential diagnosis and differential educational programming, the court indicated that it would not intrude further into the educational arena. Operationalization of the Individualized Education Program was the province of the educator.

In the U.S. Supreme Court's second holding, Irving v. Tatro, the educational benefits theory and diagnostically-grounded placement decision making was affirmed. Here the Court ruled that Amber Tatro was entitled to a publicly sponsored special education program because the Irving Board of

Education's refusal to provide her clean intermittent catherization during the course of the school day was illegal. In defining clean intermittent catherization as an educationally related service and not a medical one, the court clearly affirmed the notion that a handicapped student cannot be excluded from school when a symptom of the exceptionality is the basis for exclusion. As in Rowley, Tatro did not address student discipline but the relationship between exclusion and symptomatic behavior related to the identified handicapping condition was obvious.

Burlington School Committee v. Massachusetts Department of Education continued the educational benefits/diagnostically-grounded decision making themes. As with the previous cases, Burlington did not specifically address student discipline either. However, in this case, the dispute involved a learning disabled student whose parents believed that the private independent case study evaluation they procured accurately reflected a need for a more restrictive special education program than offered by the Burlington School Committee. When the school district refused to accept the independent evaluator's recommendations, the parents sought administrative remedies (due process) and court relief. Again, the U.S. Supreme Court grounded its decision in the diagnostic findings. Here, the court ruled that where a local hearing officer finds the independent evaluation to be the accurate expression of the student's needs, parents may unilaterally place their child in a nonpublic facility. Moreover, the district's failure to conduct a case study evaluation resulting in a comprehensive view of the student's educational needs means forfeiture of placement authority. As in Rowley and Tatro, Burlington's implications for disciplining handicapped students is obvious. If school personnel expect to have case control and exercise placement powers, then the case study evaluation must be comprehensive and drive the decision-making process.

In addition to special education case law, the legal/administrative milieu involved in educating the handicapped has been compounded by what can be called de facto malpractice. Although educational malpractice is, for all intents and purposes not a legal reality, it has nevertheless visited special and regular education through the back door. In hearing after hearing, the malpractice standard is the standard defense against local school districts. The theme goes something like this :

" The district had a duty and obligation to do something. It failed to do it. Its failure to comport itself with the state and federal special education mandates was the proximate cause for the student's deterioration and the school district's failure to provide an appropriate placement to address this has caused irreparable injury."

Given Burlington and the advent of the Handicapped Children's Protection Act authorizing payment of attorney's fees where parents prevail against school districts, there is every likelihood that this kind of advocacy will escalate. From a school standpoint, the best defenses are thorough case study evaluations, rigid adherence to due process safeguards, diagnostically driven decisions, and effective translation of the psychoeducational diagnosis into the Individual Education Program and daily instruction. In other words, empowerment means high standards of professional practice in the education of handicapped children.Given that the United States Supreme Court has affirmed the "stay put" provisions of EACHA regarding the suspension of dangerous handicapped students, local school districts are rigidly accountable for due process. It is likely that this " back door "malpractice argument will be visited upon disciplinary officers and special education administrators in the near future. Burlington in particular places a higher standard than previous decisions because it compels local school districts to take private independent evaluations seriously. It is simply not enough just to consider them, it is essential that they be actively incorporated. This is to say, they must be viewed in terms of the total body of knowledge available about the child. Failure to do so leaves the district open to both de facto malpractice charges and unilateral placement by nonschool personnel. To put it differently, if local school districts wish to regulate their own boundaries, they cannot afford anything less than high standards of professional practice in dealing with handicapped students. This is especially true when it comes to disciplining handicapped children because it is still unclear when a handicapped student's exclusion from school constitutes a change in placement.

TRANSLATING CASE LAW INTO PROFESSIONAL PRACTICE AT THE LOCAL SCHOOL BUILDING LEVEL

In operationalizing special education case law into professional practice, seriously emotionally disturbed and behavior disordered students present perhaps the most unique challenge to special education administrators, teachers, and disciplinary officers. The reason is simple. When educators discipline these students, they often open a Pandora's Box of issues that are frequently overwhelming to all concerned. It is not rare that a severely emotionally disturbed child's misconduct places teachers, students, administrators, and parents at odds. Indeed, in all too many cases, the problem is that there is massive splitting of adults and miscommunication. Under the worst of circumstances this results in due process hearings. Under the best of circumstances, it is an opportunity for parents, educators, and students to get on the same team. It is our view that the IEP and the case study evaluation process can be effectively employed to meet the legal requirements for disciplining handicapped students and more. What is important here is that discipline be viewed diagnostically and that decision making be driven by an accurate and comprehensive understanding of the handicapped student. This requires a rigid adherence to process and avoidance of solution (rule focused) oriented approaches to disciplinary challenges. We are recommending that the process of review and evaluation govern decision-making rather than the application of specific rules. We adopt this approach because many special education students, especially seriously emotionally disturbed/behavior disordered students, are far more clever than the educators in defeating rule focused disciplinary interventions.

The question at this point must be, "how can this be done ?" Does this mean that rules aren't important and handicapped students shouldn't be held accountable? Not at all. What we are suggesting is that psychoeducational diagnosticians have a professional responsibility for defining the special education student's problem (s). This should be explicit to the point that we recommend a statement of the handicapping condition be written. This statement should define the way (s) in which the handicapping conditions interfere with educational progress. From this it is possible to identify the classroom manifestations of the handicap. Since federal law precludes the exclusion of a handicapped student from class because of the manifestation of an exceptional characteristic, it has obvious implications for disciplining handicapped youth.

It is our further contention that this is so important that the multidisciplinary staff conference decision regarding eligibility for special education should specifically address the need for alternative disciplinary interventions. It is our view that it should be diagnostically determined whether a student is able or unable to comply and comport with school rules on a regular basis. With some seriously emotionally disturbed and learning disabled students, there are circumstances where it is conceivable that they may experience such distress that their thinking and/or behavior renders them unable to follow school rules. Four examples service to highlight this point.

It is not too difficult to imagine a learning disabled student, whose organizational skills are limited and who's thinking becomes fragmented when he/she experiences extreme anxiety. A fracas occurs in a crowded hallway. The student is observed to be in the proximity of the incident and is corraled with several other students by a paraprofessional, who directs all of the students to the Dean's Office. However, this student may not be able to understand reasonable verbal directions such as "go to the Dean's office," when he/she experiences stress. In the anxiety of the situation, the student panics. Failure to follow the reasonable request of a staff member could result in significant disciplinary consequences for this student. However, when disciplinary officers know that the student's handicap may interfere with such a request, the Dean possesses information that will provide him an opportunity to engage the student in a constructive problem-solving experience.

Another example might be a seriously emotionally disturbed student who is provocative and

disruptive in class but who does not benefit from time-outs or in-school suspensions. It may be of more value for this student to experience an out-of-school respite (i.e. sent home) for the remainder of the school day to distance him from the anxiety provoking environment. Here the student is provided with " time-out " from school and his peers so that he can settle down without the stigma of an out-of-school suspension. This, then, is not viewed as a suspension or a school exclusion because the IEP stipulates its use as an appropriate behavior management technique.

Yet another example might be a multihandicapped youth who is manipulative, provocative with peers and adults, and withholding. When it is understood that this student responds to distress by becoming antagonistic and refusing to do assigned work, disciplinary officers can be creative in implementing logical consequences. It is conceivable, for example, that such a student might benefit from assignment to an in-school suspension or a Saturday detention even though routine school rules do not call for such an action.

Consider also an identified seriously emotionally disturbed student who is enrolled in a self-contained behavior disordered class. He has made progress to the extent that he has been integrated into general classes for industrial and physical education. A mild conduct disorder, this student manipulates and begins to truant. In applying standard school rules, this student could conceivably truant six classes before routine disciplinary consequences are invoked. However, when disciplinary officers become aware that immediate disciplinary consequences are necessary in order to avoid deterioration and communicate a message that the student is safe from his/her own impulses, constructive interventions can occur. Under such a circumstance, the IEP stipulates that the student is unable to comply and comport with school rules and that standard disciplinary procedures can be escalated at the first or second infraction. The application of an in-school detention or a Saturday detention delivers an important caring message.

A formal statement of the handicap can be of primary assistance to administrators, parents, and students. Many disciplinary problems involve special education students with clear and obvious mental health disorders. It falls to the school-based mental health practitioners, school psychologists and school social workers, to translate these pathologies into a language that can be understood by educators. Since the Diagnostic Statistical Manual III is widely used by school-based and private mental health practitioners, it is incumbent upon school mental health personnel to translate DSM III diagnoses. The development of a statement of the handicap, then, describes for an educator what the problem is and how it is manifested in the classroom setting. This allows the educators to be educationally focused and thereby harness their expertise. By zeroing in on how the student learns cognitively and affectively, the educator avoids becoming a psychotherapist. Rather, he/she becomes a more informed professional who can, in collaboration with others, differentiate between what is and is not symptomology expressed in the classroom. An action plan then can be formulated that appreciates this and empowers the educator, whereas the mere labeling of a student B.D. or L.D. or something else does little or nothing. Indeed, it encourages stereotyping under the best of circumstances and adult scapegoating of handicapped students under the worst.

There is still yet another benefit of this approach. This has to do with IEP development and execution. Because the classroom manifestations of the handicapped are specified, it is relatively easy to construct IEP annual goals and short term objectives from them. Thus, the student who is described as angry and impulsive might logically have an annual goal to " improve self-management skills. " The short term objective for this might include " demonstrate appropriate expression of anger " and " delimit impulsive behavior. " Here there is a direct relationship between the handicapping condition, its classroom manifestations, and the annual IEP behavior management goals. This provides, moreover, a framework for supervision of the IEP and its implementation. From an administrative and supervisory standpoint, then, a diagnostically-grounded IEP results in smooth communication about the student's exceptional needs.

The key in making this work, however, is the process from which the statement of the handicap is derived, and that is the multidisciplinary team concept. Here " qualified professionals " are viewed as experts integrating information generated by the public, and sometimes private, diagnosticians in order to make placement decisions. Careful attention to process here sets a tone for attention to process by another team of experts, the IEP team. In terms of discipline, it is essential that the disciplinary officers be part of this team of experts. Their value in addressing routine and alternative disciplinary plans cannot be understated. In sum, it is our experience that when educational experts approach problems from a diagnostic perspective, it is easier to get an agreement with the parents and the student about the problem. This approach to problem identification is a key to successful communication for, where there is disagreement, the diagnosis needs to be reviewed and re-reviewed until an understanding of the problem is achieved. Certainly there may be times when a consensus cannot be achieved. In those circumstances, the EAHCA provides for administrative remedy through due process. This approach has been used in numerous due process hearings and has rarely failed to result in a decision favorable to the school district

OPERATIONALIZING DIAGNOSTICALLY-GROUNDED DISCIPLINE: THE SCHOOL-COMMUNITY CONTEXT

Glenbrook South High School (GBS) is a comprehensive secondary school located in Glenview, Illinois. Glenview is a North Shore metropolitan Chicago community of 32,000. Glenview and adjacent Northbrook comprise Northfield Township High School District 225. Both communities are listed as among the top ten wealthiest communities in the United States for villages of their size. In recent years, both communities have experienced rapid growth. The district has emerged as a primary residential area, where planned economic growth has produced an enviable tax base. Allstate Insurance, Culligan International, Kraft Foods, and A.C. Neilsen contribute to the economic viability of the community.

The fact that these communities are affluent is significant for handicapped youth for two reasons. First, affluence brings with it an educated public. The typical Glenview resident has sixteen years of formal education. By definition, this means that the community has high expectations for its schools. This is reflected in the faculty. GBS has 163 certified teachers and administrators. Seventy-eight percent of the faculty have masters or doctorate degrees. Second, affluence also brings with it awareness of legal rights and responsibilities. Both Glenview and Northbrook can be described as litigious communities, and it is not infrequent that legal resources are employed for conflict resolution.

In terms of student characteristics, Glenbrook South High School students mirror their community's expectations. The school's 2150 students in grades 9-12 are high achievers. They come to high school well prepared with high median scores on the Comprehensive Test of Basic Skills. The students are expected to achieve a great deal and they do. As freshmen and again as seniors, students are given the Test of Academic Proficiency. Each year the students experience substantial growth when the considered instrument is re-administered.

Glenbrook South students are also active in nonacademic areas. Sixty per-cent of the student body is engaged in athletics or athletic-related activities. Eighty percent of the freshmen are involved in some aspect of student activities. Freshmen homeroom and peer counseling programs further enhance the student's identification with the traditions and customs of the school. These students are generally bright and striving youngsters who frequently exceed school requirements in various academic areas. It is important to note here that GBS is located in "suicide valley". Chicago's North Shore communities have the highest incidence of adolescent suicide in the nation.

In terms of special education, Glenbrook South's ten certified staff serve between 120 and 140 handicapped students. Eligibility for services is determined by the GBS Student Review Board, a multidisciplinary staff conference comprised of the Assistant Principal for Pupil Personnel Services, the District Director of Special Education, the Instructional Supervisor for Special Education, the school psychologist, school social worker, and guidance counselor. Approximately seventy percent of these students are mildly learning disabled or mildly behavior disordered, who are integrated into five or more standard classes per day. In general, these students are successful in their academic endeavors with the support of resource special education curriculum grounded in a study strategies approach to learning. The department also provides a departmentally contained program for those learners who are unable to successfully manage standard academic classes. These students take English, math, social studies, science, etc. from special education teachers. Students change classes along with their nonhandicapped peers and are integrated into academic and nonacademic classes appropriate to their needs. A therapeutic self-contained class serves ten seriously emotionally disturbed students. Basic academics and "Outward Bound" physical education are taught within this program. A work-study Secondary Transitional Experience Program is also in place for prevocational training.

Throughout these four program components, the team of experts concept is operationalized. Instructional teams are organized and led by the instructional supervisor (department chair). A school social worker or school psychologist participates as well. According to this team model, various educators participate in the on-going review of students. The team of experts expands or contracts according to the individual and unique needs of the student. In general, the more complex the student's needs, the more experts that are required to understand them. Where disciplinary plans are essential to intervention plans, disciplinary personnel participate in team meetings. There are also occasions when additional diagnostic expertise may be required. Under such circumstances clinical consultation is provided by a program consultant who is a clinical psychologist or by a psychiatric consultant. This team of experts is the heart of the special education program. It is this group that reviews student progress on an on-going basis, contributes to the IEP development and implementation process, and engages students and parents in routine conferences. In general, decisions are developed via team consensus and unilateral teacher actions are discouraged and rare. This permits students to perceive their special education teachers as consistent, caring, and unavailable for splitting or manipulation.

The administrative structure of the school lends itself to a team of experts model. In terms of student discipline, deans interact with special education case managers when handicapped students are referred for disciplinary intervention. Each special education teacher assumes a case management responsibility for between ten and twenty special education students. It is the case manager's responsibility to know his/her students and communicate team decisions about their students to mainstream faculty and deans. It is also the case manager's responsibility to collaborate with nonspecial education personnel about the nature of the handicapping condition. Where alternative disciplinary plans are required and authorized by the multidisciplinary staff conference, it is the case manager's responsibility to team with deans in their implementation. In addition to case managers, disciplinary officers and the special education instructional supervisor communicate on a regular basis to assess individual student behavior.

Diagnositically-grounded discipline requires that disciplinary officers and special education faculty base their decisions upon a solid grasp of the psychoeducation data available on the student in question. It further requires that they adopt a process approach to discipline. This means that they must not be rule or solution focused. Rather, it is essential that they carefully review the problem in terms of the statement and manifestations of the handicap. It is also crucial that they see solution oriented approaches as diagnostic of problems in decision-making. In general, it is our experience that solution oriented approaches contribute to splits between home and school and between staff. Therefore, it is important that the team of experts be convened when staff are " stuck " in a solution mode so that process can be reviewed and the communication problems identified. Further, it is understood that diagnostically-grounded discipline is on-going. This means that individual disciplinary events must be seen as a small part of a larger whole and must be reviewed on an on-going basis. Finally, diagnostically-grounded discipline is educationally focused. This is to say that the preponderance of staff energy must be invested in school behavior and performance. Staff attention to home and community behavior is relevant only when it impacts and interferes with a student's ability to function in school. Attention to nonschool behavior is also seen as diagnostic of problems in process. It has been our experience that failure to maintain educational focus contributes to the student's deterioration and negatively impacts on the educator's ability to team with parents and private experts. Therefore, maintenance of the educational focus is a responsibility for both deans and the special education instructional supervisor.

Four questions must be answered by disciplinary officers and special educators to determine whether the behavior involves the handicap These questions are:

(1) Does the student know school rules?
(2) Does the student understand school rules?
(3) Does the student know and understand that school rules apply to him/her?
(4) Does the student possess the social judgement to know and understand that the consequences of infractions apply to him/her?

OPERATIONALIZING DIAGNOSTICALLY-GROUNDED DISCIPLINE: CASE EXAMPLES

Case # 1 Bart Hansen, 16 yrs., junior

DSM III 312.00 Conduct Disorder, Socialized, Aggressive

A. A repetitive and persistent pattern of aggressive conduct in which the basic rights of others are violated, as manifested by either one of the following :

(1) physical violence against persons or property (not to defend someone else or oneself) e.g. vandalism, rape, breaking and entering, fire-setting, mugging, assault
(2) thefts outside the home involving confrontation with a victim (e.g. extortion, purse -snatching, gas station robbery)

B. Evidence of social attachment to others as indicated by at least two of the following behavior patterns :

(1) has one or more peer-group friendships that have lasted over six months
(2) extends himself or herself for others when there is not immediate advantage likely
(3) apparently feels guilt or remorse when such a reactions is appropriate (not just when caught or in difficulty)
(4) avoids blaming or informing on companions
(5) shows concern for the welfare of friends or companions

C. Duration of pattern of aggressive conduct of at least six months.

D. If 18 or older, does not meet the criteria for Antisocial Personality Disorder

Statement of the Handicap: Bart shows a behavioral learning and a cognitive learning handicap that is derived from a developmental affective arrest and a specific learning disability in auditory processing. This is shown at school through difficulty accepting adult imposed limits, a tendency to manipulate adults, and a tendency to do things on his terms rather than compromise and see his contribution to the problem. Bart's academics suffer because he does not persist in the face of frustration and engages in avoidance behavior to avoid the pain of anxiety and failure. Bart's cognitive learning handicap is shown in difficulty processing auditory information. This is particularly shown in attending to lectures and class discussions, and note-taking. In sum, Bart is a multihandicapped aggressive and defensive youngster who compensates for his sense of inadequate interpersonal relationships by engaging in negative behaviors which are esteemed by his peers.

Manifestations of the Handicap :

1. Bart tends to have difficulty with authority figures. When he is under stress, he may verbally lash out at teachers or depreciate them in a group setting.
2. Bart tends to have a low frustration tolerance when he is under stress. He may give up easily.
3. Bart tends to avoid assuming responsibility for his behavior. He tends to blame others for his shortcomings or deny that he has any responsibility for the behavior in question.
4. Bart tends to manipulate and split adults. He argues and debates.
5. Bart tends to be distrustful of others. He shows concerns for his peers but his relationships tend to be superficial and based on what he can get from them.
6. Bart can be explosive and aggressive when he is in distress.
7. Bart has difficulty organizing and sequencing auditory information.

Bart Hansen came to the dean's attention on and off during his first two years in high school. Bart was a regular in the disciplinary office and garnered considerable peer status by being routinely called out of classes for a myriad of petty violations of school rules. Bart's offenses ranged from being off-campus without permission, to truancies, to failure to follow teacher directions, to fighting. A young man known to all as very angry, Bart was also known to be very bright. His excellent verbal skills made him a tough " lawyer " to ague with. His sharp wit and tongue, moreover, allowed him to cross peer boundaries with relative ease. He was as comfortable with the " jocks " as he was with the " burnouts." It was the latter group, however, with which Bart was most clearly identified. During his junior year, Bart was referred to the dean for possession of a knife and possession of a controlled substance. This was a culmination of a series of referrals, which relate to Bart's history in special education.

Bart was identified for special education learning disability resource services late in his elementary school career. Bart's parents reported that he was a difficult infant and toddler. He was hyperactive and always seemed to be in motion. Concern about his level of motor activity prompted the parents to seek a private pediatric evaluation at a prestigious midwestern medical center. The results of the assessment indicated that Bart had a mild learning disability, and, while the report did not so state, Bart met all of the criteria for DSM III Attention Deficit Disorder, Hyperactive Type.

From an interpersonal standpoint, Bart's learning disability had a clear impact on the relationship he established with his parents and other adults. Very early on, Bart was well defended against any intimate relationship. In particular, he resisted his mother's affection. As a toddler, for example, Bart pushed his mother away when she attempted to hold or console him. This was a pattern that he would repeat with other adults as well. In short, power struggling over limits and boundaries characterized Bart's interactions with adults. He constantly tested limits, was reprimanded, and felt guilty about not being able to follow the rules.

Despite his learning disability, Bart did not become enrolled in special education until he was in the sixth grade. Mr. and Mrs. Hansen and school personnel felt that Bart should be fully integrated into the regular elementary school program. Since the parents believed that special education would label their son and would be perceived by him as an ego assault, they advocated individualization within the elementary school program.

Bart was a chronic behavior problem. Various behavior modification plans were implemented, and these seemed to provide a measure of relief for Bart and his teachers until he became older. By the sixth grade, his scores were lagging in reading, spelling, and vocabulary. The older he became, the more he viewed authority figures as enemies. The older he got, the more sophisticated be became in dealing with them. By preadolescence, Bart was a masterful manipulator. Adults were afraid of his rages and outbursts. Bart knew it and cleverly engaged adults in power struggles that pressed them into punishing, depreciating, behaviors. In response, Bart would cry foul and further act out. When Mr. and Mrs. Hansen were asked to come in for parent conferences, they questioned the methods and motivations of Bart's teachers. Administrators and teachers were intimidated by them. Bart's behavior problems were a cause celebre for the Hansens. United, Bart, mother, and father took on the school on many occasions, continuing to insist on individualized programming within the regular education program and no special education involvement.

As Bart navigated preadolescence, his power struggling and limit testing not only accelerated at school but also at home. Bart and his mother were at constant loggerheads. Mr. Hansen attempted to mediate the conflicts. In a no-win situation, Mr. Hansen distanced himself from his family. Given this and escalating school problems, Bart was referred for a case study evaluation. Mr. and Mrs. Hansen could no longer avoid some special education involvement. Bart had become a regular in the principal's office. Suspensions and conferences had become an embarrassment.

The case study evaluation indicated that Bart was a self-centered child with a twelve point discrepancy between his verbal and performance intelligence quotients. Projective assessments revealed a youngster at war with his environment and vulnerable to antisocial behavior. Bart trusted no one, save a few friends who he would " stick up for " regardless of the issue. Further, the intelligence testing indicated a twenty point drop in IQ from the private independent evaluation completed seven years earlier. This notwithstanding, Mr. and Mrs. Hansen did not seem particularly alarmed. They reluctantly consented to a learning disability resource placement for forty minutes a day five days a week. School-based counseling by a school social worker was also reluctantly accepted. The Hansens had been referred to private practitioners prior to this case study and dismissed it as a waste of time. So long as Bart was the " identified patient " and was treated at school, the Hansens gave their consent.

In January of Bart's eighth grade year, his special education teacher met with the high school special education administrators in an annual articulation conference. The purpose of the conference was to identify Bart's needs for ninth grade. The junior high personnel recounted the story related above. They cautioned that Mr. and Mrs. Hansen would usurp valuable time if Bart's program wasn't individually tailored and as least restrictive as possible. While the sending school recommended a resource learning disability program and mainstreaming into a slow learner program, the high school did not see Bart as suffering from a primary learning disability.

On the basis of the articulation conference, a strategy was formulated that included three things. First, it was decided that Bart's case study evaluation should be updated to determine whether Bart was primarily learning disabled or multihandicapped with a primary behavior disorder and a secondary learning disability. Second, it was decided that Mr. and Mrs. Hansen should be directly engaged around this concern. Third, it was clear that Bart's agenda was based on overt resistance to helping resources. Therefore, it was decided to appeal to him around those areas where he was available for help. Finally, it was important to school personnel that the boundaries between home and school be regulated and that school officials not become ensnared in domestic issues. Therefore, a rigid educational focus was adopted. This meant that school personnel had no intentions of intruding into the family system. Since Bart effectively used school as an arena to manipulate, embarrass, and punish his parents, the high school agreed to hold Bart accountable for his actions and to support the family hierarchy. This was designed to delimit Bart's egocentricity and grandiosity. Essentially, the high school said to Bart :
" You can't have it both ways. You want to be treated like everybody else. You want to be treated

differently when you're in trouble. Then you want to be special and manipulate teachers and parents around it. We won't have any part of this. "

Apart from some limit testing and truancies, Bart's freshman year was unremarkable. The above strategy worked. The case study evaluation process placed Bart on notice that the high school was monitoring him closely. The results of the case study indicated that Bart was multihandicapped. It was the conclusion of the diagnosticians that Bart's anger and manipulative school performance was family based. The diagnosticians, who were not a party to the articulation conference strategy, confirmed the administrator's assessment of the problem. The multidisciplinary staff conference affirmed that Bart was, however, not so seriously emotionally disturbed as to be unable to comply and comport with school rules. According to the psychological evaluation, Bart understood school rules, knew them, knew that they applied to him and was able to comply. While an individually tailored disciplinary plan was discussed, the diagnosticians cautioned that such a plan was contraindicated and would fuel Bart's grandiosity.

During his sophomore year, Bart came into increasing conflict with parental and school authorities. As a means of normalizing his program and intellectually challenging him, Bart's special education case manager and IEP team recommended that he be enrolled in regular college preparatory classes. On the basis of end-of-the-year achievement testing, it was clear that Bart was scoring at or above grade level in all academic areas. What had been suspected by his teachers was verified by the testing. Bart was much more capable than his performance. It had long been suspected that Bart's academic performance was influenced by substance use. All of the signs were there. He did the bare minimum to get by. His dress and peer associations belied alliance with a drug using group. He was constantly irritable and easily aggravated. He was, however, able to keep his substance use outside school during his freshman year. With his sophomore year, this changed.

During the first semester of Bart's sophomore year, he became shifted from one that was simply unkempt to glorifying drug use. At the same time, he continued to cross peer group boundaries and maintain relationships, albeit casual, with " jocks. " Bart's influence among his peer group grew in stature. At any given moment, there were any number of students who would defend his whereabouts. His taunting escalated. At the same time, he failed to get to classes on time, he was seen in the building well before school hours. It was widely believed that Bart was dealing drugs.

As Bart's problems increased, so did his conflicts with authorities. When given a six hour Saturday detention for truancies, Bart responded to his detention teacher with a series of provocative comments. These were met with counter provocations. The upshot was a challenge to meet the teacher outside the school during the lunch recess. Unfortunately, the teacher obliged Bart and was defeated in a fisticuffs exhibition. With this Bart's grandiosity swelled. Peer support broadened. Disciplinary officers were in no position to defend the teacher. The teacher was disciplined and Bart was off the hook.

Bart became particularly bold after this incident. He took increasing risks in school. He was more openly defiant of staff and knew that he had ample peer support. Reasonable attempts to set limits for inappropriate behaviors were met with lawyer-like verbal briefs. Mr. and Mrs. Hansen became frustrated with school conferences. Bart's conflicts with his mother were now in the open. In the multidisciplinary staff conference (Student Review Board) convened to assess the role of the handicap in the Saturday fight, Bart openly depreciated Mrs. Hansen. It was apparent that Bart's judgment was obviously impaired. The conference consensus was that Bart's high disciplinary profile suggested he was unable to profit from his special education resource program and that further disciplinary infractions would be viewed diagnostically as a need for more support than could be provided at the building level. Within two weeks, Bart was brought to the Dean's office by the school security officer. Bart was found in the parking lot in possession of knife with a six inch blade and a cache of marijuana.

Bart's case was referred to the Student Review Board during the pendency of his suspension for behavior dangerous to self and others. In reviewing the event and the case study evaluation, the conferees concluded that Bart's behavior was evidence of continuing deterioration and part of the handicapping condition. Bart was placed in an interim service located at a public alternative day school for behavior disorder students. The conferees, however, were unable to pinpoint the appropriate special education placement. What was at issue was whether Bart had the relationship capacity to benefit from a program where interpersonal relationships were the vehicle for change. It was not diagnostically clear whether Bart's affective arrest was evidence of character deficits that needed addressing in a rigid behavioral program or whether he was masking guilt over the incident which might indicate an availability for a relationship-based intervention program. Wedded to this issue was Bart's extreme anger with his mother, whom he viewed as infantilizing and castrating. The conferees believed that a period of diagnostic interim service would allow pecial education professionals the time necessary to determine how structured a program Bart would require.

During the next ten weeks, Bart was engaged on a daily basis in an interim service class. He was also seen in individual and group counseling for eighty minutes per week. Mr. and Mrs. Hansen were also engaged during this time in an attempt to avoid splits between home and school. Bart settled into the interim service class. In the absence of his peers at the high school, Bart was relieved of the stress to perform for his companions. Further, he made reasonably good use of his relationship with his special education teacher and school social worker. Returning to the multidisciplinary staff conference to report progress and make recommendations, the interim service staff suggested placement in a self-contained behavior disorder class similar in structure to the interim service class. It was further recommended that if Bart could succeed here, the staff was prepared to integrate him into one or two mainstream classes at the main campus. What the special education professionals and the disciplinary officers did here was to empower Bart and simultaneously split off his familial issues from school conflicts. A successful fourth quarter resulted in a placement in an industrial education and physical education class during the first and second semesters of Bart's senior year. With weekly reviews between the deans and the instructional supervisor of the alternative school program, Bart graduated with his class.

Case # 2 Jack Smith, 17 yrs., senior

DSM III 312.00 Conduct Disorder, Undersocialized, Aggressive

A. A repetitive and persistent pattern of aggressive conduct in which the basic rights of others are violated as manifested by either of the following:

(1) physical violence against persons or property (not to defend someone else or oneself), e.g. *vandalism, rape, breaking and entering fire-setting, mugging, assault*
(2) thefts outside the home involving confrontation with the victim, *(e.g. extortion, purse-snatching, gas station robbery.)*

B. Failure to establish a normal degree of affection, empathy, or bond with others as evidenced by no more than one of the following indications of social attachment:

(1) has one or more peer group attachments that have lasted over six months
(2) extends himself or herself for others even when no immediate advantage is likely
(3) apparently feels guilt or remorse when such a reaction is appropriate (not just when caught or in difficulty)
(4) avoids blaming or informing on companions
(5) shares concern for the welfare of friends or companions

C. Duration of pattern of aggressive conduct of at least six months.

D. If eighteen or older, does not meet the criteria for Antisocial Personality Disorder.

DSM III 296.3X Major Depression, Recurrent

A. During the past two years, numerous periods during which some symptoms characteristic of both the depressive and manic syndromes were present but were not of sufficient severity and duration to meet the criteria for some major depressive or manic episode.

B. The depressive and/or hypomanic periods may be separated by periods of normal mood lasting as long as months at a time; they may be intermixed, or they may alternate.

C. During depressive periods there is depressed mood or loss of interest or pleasure in all, or almost all, usual activities and pastimes and at least three of the following:

(1) insomnia or hypersomnia; decreased need for sleep
(2) low energy or chronic fatigue; more energy than usual
(3) feelings of inadequacy; inflated self-esteem
(4) decreased effectiveness at home, work or school; increased productivity often associated with self-imposed working hours
(5) decreased attention, concentration, or ability to think clearly; sharpened or unusually creative thinking
(6) social withdrawal; uninhibited people seeking
(7) loss of sexual interest or enjoyment of sex; hypersexuality without recognition of painful consequences
(8) restriction of involvement in pleasurable activities; guilt over past activities; excessive involvement in pleasurable activities with lack of concern for the high potential for painful

consequences *(e.g. buying sprees foolish business investments, reckless driving.)*

(9) feeling slowed down; physical restlessness
(10) less talkative than usual; more talkative than usual
(11) pessimistic attitude toward the future, or brooding about past events; overoptimism or exaggeration.
(12) tearfulness or crying; inappropriate laughing, joking or punning.

D. Absence of psychotic features such as delusions, hallucinations, incoherence or loosening of associations.

E. Not due to any other mental disorder, such as partial remission or Bipolar Disorder. However, Cyclothymic Disorder may precede Bipolar Disorder.

Statement of the Handicap: Jack Smith is a young man of average intelligence who shows a behavioral learning handicap and a personality development learning handicap. Jack is a young man who experiences pervasive feelings of inadequacy. He is unable to trust his own judgments or peers and adults in his environment. Jack is an anxious student who masks his anxiety with a tough bravado which is supported by the defense mechanisms of denial, projection, and displacement. When in a state of distress, he may be provoked into aggressive behavior.

Jack's personality development learning handicap operates in combination with his behavioral learning handicap. This is seen in mood swings and depression. Jack may alternate between feelings reflective of exaggerated self-importance and feelings of worthlessness. Because of this, Jack may have little energy available for learning, and concentration will be impaired. He will characteristically manage his responsibilities for extended periods of time and then regress.

In general, Jack distrusts others. His interpersonal relationships are superficial, but he has sufficient relationship capacity and insight to invest in a limited number of adults and peers.

Manifestations of the Handicap:

1. Jack mistrusts adults and peers.
2. Jack tends to engage in inappropriate classroom behavior by seeking attention from peers through clowning behavior, "tough guy " stances with adults and peers, and deliberate rule infractions.
3. Jack has little energy available for learning when he is in distress.
4. When Jack experiences distress, he tends to call attention to his problems through overt, acting out behavior.
5. When Jack experiences distress, he becomes overwhelmed and will shut down academically, socially distance himself from others, or oversocialize.
6. Jack tends to blame others for his shortcomings.
7. Jack tends to deal with problems by denying his involvement in them.
8. Jack has a low opinion of himself and tends to produce at a level below his tested abilities.
9. Jack often does not trust his own judgments. He may solicit feedback from peers or teachers on a frequent basis to reassure himself about his decisions.

10. Jack tends to vacillate between having a very inflated sense of self to considering himself worthless and unworthy of help.

Jack Smith came to the dean's attention repeatedly throughout his high school career. During his junior and senior years, Jack's profile in the dean's office became particularly high. While his previous two years had been marked by on-going, petty violations of school rules, it was not until his senior year than he became particularly aggressive and self-destructive. A student fascinated by explosives and paramilitarism, Jack suffered from pervasive feelings of inadequacy. He came to the Student Review Board's attention when he brought a look-alike gun to school. The following background puts this disciplinary event, and the school's disciplinary strategy, into perspective.

Jack is the youngest of four children born to Mr. and Mrs. John Smith. Jack's three, older siblings are female. Each dropped out of high school between the ages of sixteen and eighteen. Each had a history of sexual promiscuity and substance abuse. Mr. Smith is a laborer with a history of alcoholism. He has been physically abusive toward his spouse and children. Mrs. Smith is a depressed woman who also has a history of alcoholism. Although depressed, Mrs. Smith experiences periods when she functions well in her job as a clerk-receptionist. However, when she experiences a moderate psychosocial stressor, she deteriorates and becomes immobilized. Consequently, her employment history is varied and unstable.

Because of the above history, Mr. and Mrs. Smith have been emotionally and psychologically absent during Jack's critical developmental periods. Moreover, Mr. and Mrs. Smith have been unable to confront their serious marital problems. While divorced when Jack was ten, they continued to live together. Their hostile-dependent relationship is compounded by the presence of older children and a maternal grandmother who resides in the home and whose income is necessary to meet basic expenses.

Jack had always been a marginal student. During his early elementary school years, Jack appeared slow to develop basic academic skills. His achievement test scores consistently indicated a pattern of underachievement by at least two years. In terms of social relationships, Jack developed few friendships. What friends he had were usually children younger than himself. His companions at school tended to be angry and acting out. He developed no significant attachments with adults during his early school years. A variety of professionals extended themselves to Jack as he was appearing depressed and preoccupied. He would bond up with them but only to distance himself when he perceived the relationship becoming intimate. It was common that Jack would engage in some flagrant, inappropriate behavior or would grossly underachieve as a means of distancing himself from these relationships.

During his elementary school career numerous parent conferences were held. They generally took on overtones of power struggles, as Mrs. Smith accused school personnel of failing to meet her child's needs. School officials, on the other hand, viewed Jack's problems as primarily home based. They were easily provoked by Mrs. Smith who could become hysterical and abusive toward teachers and administrators. At the same time, Mrs. Smith argued that the school had let her son down. Furthermore, she resisted special education placement. She was convinced that Jack had more ability than he chose to exhibit. She also believed that placement in a self-contained behavior disorder class would encourage Jack to adopt antisocial behavior. School personnel went along with this agenda until Jack was in the seventh grade.

During the seventh grade, Jack shut down academically. He refused to produce and became involved in angry, hostile interactions with teachers and peers. These events resulted in suspensions, parent conferences, and ultimately a referral to special education. Exasperated at this point with her own unfortunate life experience, Mrs. Smith consented to a case study evaluation. The case study evaluation saw Jack as an extremely depressed youngster, who was vulnerable to acting out behavior. A pupil with a history of discipline problems, Jack began to scapegoat

younger and more vulnerable mentally retarded students. This took the form of extorting money and physical assault. The case study evaluation's psychiatric component indicated that Jack's depression was due to deprivation, maternal absence, and identification with his mother's depression. The multi-disciplinary staff conference recommended that Jack be placed in a self-contained class for behavior disorder students within his school of residence. School social work services were provided to Jack and Mrs. Smith.

Jack's special education experience at the junior high school witnessed problematic behavior. As he became more secure in this placement, he began to share his fascination with explosives and to tell stories of hunting and playing army in a local forest preserve. The contents of these disclosures were extremely disturbing to faculty who initiated a series of parent conferences to alert the parents regarding their concerns. Mr. and Mrs. Smith dismissed them as unimportant. In their view, Jack had always played these games in the forest preserve. He liked camping, and hunting was something the family encouraged. In their opinion, these were healthy outlets. As a result, the Smiths perceived school personnel as intrusive. A split between home and school widened when Jack failed to make academic progress and acted out through vandalism, fighting, and challenges to authority. These problems were fueled, moreover, by splits within the faculty. Teachers advocated a more structure and consequence oriented program while the school social worker advanced the view that this was punitive. In her view, the school needed to treat the family system. Further, it was not uncommon for staff to act unilaterally, something Mrs. Smith was adept at exploiting. She delighted in playing " uproar "by telephoning different teachers to get three or four different opinions and then by confronting the principals with his stories of teachers' ineptitude in dealing with Jack.

In January of his eighth grade year, Jack's case was articulated to the high school. Through a series of staff conferences, the high school took the position that Jack required a departmentally contained special education program with a different school social work focus. The special education administrators took the position that the junior high school personnel contributed to the hostile relationship between home and school by inappropriately treating the parents. The high school's position hardened when the junior high school special education administrator recommended residential treatment. This further alienated the parents from the junior high, but it provided a basis for an alliance between the parents and the high school. Since the junior high proposed to commit the high school to a long term, residential placement, the high school adopted the view that Jack's needs were not so severe and profound as to require the radical intervention of residential treatment. Indeed, the high school threatened to initiate a due process hearing over this issue. The high school special education administrators were convinced that Jack could make no educational progress until they gained case control. Therefore, a case study re-evaluation was conducted by the high school's diagnosticians. These evaluators saw Jack as an emotionally fragile personality who would interpret residential placement as a profound rejection.

Recognizing that this was an extremely dysfunctional family system, it was made clear to the parents that the high school staff was disinterested in family and community matters, except where problems in those arenas would impair Jack's school progress. This strategy established a working relationship for Mrs. Smith and school staff. However, Jack's adjustment to the ninth grade was not without incident. He challenged teachers and repeated the pattern exhibited at the junior high. A coordinated team effort by teachers, guidance counselor, school social worker, deans, and special education administrator developed an intervention strategy that was interpreted to Jack and his mother. It was understood that Jack's authority problems were a manifestation of his high anxiety level. The team indicated that it was willing to do whatever was necessary to assist Jack but that he needed to meet the staff half way. Specific learner behaviors were targeted for improvement with the understanding that, if Jack and the staff could not be successful, an alternate and more restrictive placement would be considered. Jack's presence in this planning conference was essential because it was Jack's program. This also served to split off Jack and his mother, as Mrs. Smith was relieved to have school personnel support her authority rather than appeal to her sense

of parental inadequacy.
Jack successfully passed all of his classes during his freshman year. By the annual IEP review, Jack articulated a desire to enroll in standard classes. Realizing the importance of normalizing Jack's school experience, the faculty responded to Jack's request in a very matter-of-fact manner. In a Student Review Board Case Review, Jack was informed that the staff wanted to sponsor mainstreaming, but his standardized test scores in reading vocabulary and mathematics were several years below grade expectancy. Jack challenged the team's position by agreeing to take a new battery of achievement tests with the understanding that, if he continued to score below grade level, he would remain in his special education program. Upon re-examination Jack scored at or above grade level. Jack confirmed that he had been withholding performance all along.

Jack was placed in four basic level classes with a special education resource period and eighty minutes a week of counseling. Jack's sophomore year was the most successful school year of his educational career. He passed all of his courses, met deadlines, and maintained a moderately low profile in the dean's office. Minor truanting and authority problems were handled through routine application of school rules.

During the first quarter of Jack's junior year, Jack began to deteriorate. It was at this time that his maternal grandmother returned to the Smith household. At almost the same time, Jack's older sister separated from her husband and returned to the Smith household with her infant son. To make room for grandmother, sister, and baby, Jack was displaced from his bedroom. Finding himself in a female household and sleeping on the couch, Jack became withholding in school. Failing to turn in assignments and unprepared for classes, Jack began to truant. Further, he became aloof from his special education teacher and social worker. What interpersonal strides had been made earlier quickly eroded now. Jack began to drink and came to school with a hand wound received while exploding M80's.

At this point, Jack's case was reviewed once again in the Student Review Board. A major concern was that Jack was unable to handle the stimulation of a comprehensive high school setting on a full-time basis. Jack was referred to a public alternative day school for behavior disorder students that had the capacity to integrate him into physical education and driver education at the main campus. These mainstream classes were deemed crucial to Jack's striving for autonomy. This placement, moreover, was designed to be an interim service. Given the nature of his depression, it was the team's belief that Jack could stabilize and return to the main campus on a full time basis. Unfortunately, Jack did not stabilize. He quickly became embroiled in power struggles with his interim service teacher. By the end of the semester, Jack had lost virtually all ability to trust adults. Upon review, the Student Review Board determined that Jack was so alienated in the alternative day school that he should return to an in-building self-contained special education class. There he could re-establish relationships with teachers about whom he had previously felt positive. A work study component was added as well to support Jack's striving for independence.

Jack completed his junior year with passing grades, some job experience under his belt, and a few disciplinary problems. His successful turn around prompted the Student Review Board to recommend a special education resource program and counseling for Jack's senior year. This minimal special education involvement was done in spite of the fact that the prognostication for Jack's successful navigation of his last year of high school was poor. It was clear to all that Jack was fearful of leaving high school. Real independence was a powerfully threatening idea for a student whose only interpersonal attachments were in school. At the same time, it was understood that more restrictive special education programming would be seen by Jack as a narcissistic assault. Therefore, Jack's educational program was designed to be as normalized as possible. Jack understood that if he were unable to sustain himself in this program, the Student Review Board would reconsider his need for a more restrictive program. In the staff's view, this appropriately empowered Jack.

By the Thanksgiving break, Jack was deteriorating. He began to talk of suicide. He wore squirrel pelts made from squirrels hunted in the local forest preserve. Jack's teachers were particularly alarmed by his stories of " army games." On one occasion, he came to school with a pellet wound in one hand. It was at this juncture that the dean and the special education administrator attempted to get Mrs. Smith's attention. Their efforts fell on deaf ears. In fact, she became verbally abusive and sought audiences with higher level administrators.

Within days of this event, a classroom teacher observed Jack with what appeared to be a weapon in his locker. A locker search by the dean turned up a look-alike Luger. Jack claimed it was only a toy and there was no need for further concern. Mrs. Smith supported her son. The dean, however, considered this as symptomatic of further emotional deterioration and suspended Jack for behavior dangerous to self and others. An emergency psychiatric evaluation was arranged with the district's psychiatric consultant. Jack's behavior was clearly a manifestation of his handicap, and a Student Review Board Case Conference was convened to assess Jack's need for more intensive special education interventions. An interim service was arranged for Jack that kept him out of the school building, engaged with a social worker, and occupied with three hours a day of instruction until an appropriate plan was formulated.

Mrs. Smith responded to this with hysteria. In poor emotional shape herself (due to her ex-husband's returning to the home and to her feeling powerless to remove him) Mrs. Smith was as fragile as her son. Frank discussions between Mrs. Smith and the school social worker about Jack's living circumstances stressed the need for Mrs. Smith to take charge of her household. The reality was that her failure to do so would cause the district to do two things: file a child neglect report with the Department of Children and Family Services and recommend emergency psychiatric hospitalization in a Department of Mental Health facility. The social worker went to great pains to convince Mrs. Smith that her son's life was, in fact, in danger and that volatile family circumstances could trigger a suicide attempt. It was at this point that Mrs. Smith took action. She sought a court order barring her ex-husband from her home. She followed the psychiatrist's recommendations and supported the interim service arrangement.

During the interim service, the district conducted a case study re-evaluation. The results indicated that the look-alike Lugar, vandalism, withholding behavior, and challenges to authority were symptoms of his pervasive depression. This was now compounded by alcohol use on a regular basis. Since Jack was fearful of the future, the case study evaluation addressed the need to involve Jack in intensive career counseling. Jack's social worker and guidance counselor seized on his interest in the military for career exploration. While both thought Jack would not make it through the recruitment process because of his obvious mental health problems, they reasoned that it was the only thing their client would commit to for exploring. Several conferences were scheduled with recruiters, who conveyed to Jack that he could indeed enlist and make it through boot camp. With their support, Jack was made to understand that successful completion of high school was a prerequisite to military sponsored programs.

Jack's behavior held in the interim service class, and he graduated with his class in June. Jack enrolled in the United States Army and went to boot camp. He was not successful in this endeavor and was given a medical discharge. Nonetheless, Jack grew from this experience. Jack now works as a tree surgeon. He rents his own apartment, works regularly, and, in general, has sustained himself beyond high school.

Case # 3 Melanie Jones, 18 yrs. senior

DSM III 301.81 Narcissistic Personality Disorder

Differential Diagnosis. Borderline Personality Disorder, Histrionic Personality Disorder.

Diagnostic criteria

The following are characteristic of the individual's current and long-term functioning, are not limited to episodes of illness, and cause either significant impairment in social or occupational functioning or subjective distress:

A. Grandiose sense of self-importance or uniqueness, *e.g. exaggeration of achievements and talents, focus on the special nature of one's problems.*

B. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, and ideal love.

C. Exhibitionism: the person requires constant attention and admiration.

D. Cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness in response to criticism, indifference of others, or defeat.

E. At least two of the following are characteristic of disturbances interpersonal relationships:

(1) entitlement: exception of special favors without assuming reciprocal responsibilities, *e.g. surprise and anger that people will not do what is wanted*
(2) interpersonal exploitativeness: taking advantage of others to indulge own desires or for self-aggrandizement; disregard for personal integrity and rights of others
(3) relationships that characteristically alternate between the extremes of overidealization and devaluation
(4) lack of empathy, inability to recognize how others feel, *e.g. unable to appreciate the distress of someone who is seriously ill*

Statement of the handicap: Melanie Jones shows a personality development learning handicap. This handicap relates to an early arrest in the affective domain. Melanie is unable to establish, maintain, and extend interpersonal relationships. She is often preoccupied and possesses an unrealistic view of her self as a learner. Melanie's handicap is characterized by an egocentric stance manifesting itself in anger control problems when she does not achieve goals she has set. She also becomes depressed and periodically lacks the energy necessary to sustain grade level performance. As her perceptions of her progress in academic and social situations are exaggerated, her frustration with this causes chronic self-defeating behavior in school. When she is in a state of distress, she becomes extremely confused and acts out in an effort to bring order to her inner self. In general, Melanie's ability to trust other is tenuous.

Manifestations of the handicap:

1. Melanie has difficulty trusting others. She does not engage in the give-and-take which fosters trust in interpersonal relationships.
2. Melanie tends to see her world from a self-centered vantage point, which makes it difficult for her to responds sensitively to others.
3. Melanie has an unrealistic view of herself as a learner.
4. When under stress, Melanie lacks energy for learning at levels commensurate with identified ability levels.
5. Melanie tends to overidealize significant others in her environment (i.e. she tends to see certain adults or peers as rescuers).
6. Melanie puts herself down. When under stress, she tends to verbally devalue herself or engage in acting out behavior which brings her into conflict with school authorities.
7. Melanie seeks attention in inappropriate ways: oversocialization, failure to turn in assignments, suicidal ideation, truanting, and impulsive, anger control problems.

Melanie Jones is a very attractive eighteen year old young woman. She could easily be mistaken for a fashion magazine cover girl when she is functioning at her best. Unfortunately, Melanie is an individual whose emotional and psychological functioning is a roller coaster ride. At her worst, Melanie is actively suicidal. Her personality structure is extremely fragile. As a result, she is a unique challenge to educators, for when she is able to function there is nothing that would immediately distinguish her as seriously emotionally disturbed. However, when school personnel probe even slightly below the surface, Melanie becomes unglued and episodes of self-distructive acting out behavior ensue.

Melanie is the middle child in a family of three. Her father is a salesman whose career has mirrored the ups and downs of the economy. Little is known about Melanie's mother, except that she abandoned the family when Melanie was twenty-four months of age. Mrs. Jones apparently left her husband and three children to live in a commune on the West coast with another man.

In response to this crisis, the extended Jones family was mobilized to provide temporary support to Mr. Jones and his three daughters. Since Mr. Jones' business required that he travel during the week, the paternal grandmother became surrogate mother. Mr. Jones would return to the home on the weekends to provide as much care as possible, but the reality was that he was tired from a week of traveling. With grandmother playing the dominant role of emotional caretaker for her grandchildren and her son, the Jones family adjusted and coped with what were obviously difficult circumstances.

As the Jones family stabilized, Melanie entered elementary school in Glenview, where her grandparents had moved to fulfill a long held retirement dream. This also afforded the children an opportunity to attend top flight elementary schools. Mr. Jones continued to travel and reside in an apartment in the city, visiting his children on the weekends. As the years passed, Mr. Jones became increasingly detached from his children. Although he maintained contact, he tended to be aloof and invested in corporate advancements. Having considerable youth in their elderly years, the grandparents continued to provide a stable home for the children. In fact, Melanie's early elementary school years were relatively uneventful. She did not particularly distinguish herself as a student, but she progressed at an average rate. In general, her teachers found her to be an appealing child. When her grandfather died, it was widely recognized that she would need considerably more adult support.

Melanie's late elementary school years witnessed slowing academic progress and difficulty adapting to changes within the school setting. She appeared depressed and would often give up when faced with a new or novel task. When she believed teachers were pushing her or not giving her the attention she believed she deserved, she would tantrum. These episodes took on a particularly histrionic quality. They would be followed by somatic complaints (headaches, stomachaches, and allergies) and brief respites from school. Melanie would return to school behind in her work and would invariably be unable to keep pace with her classmates. In class, she evidenced difficulty concentrating for extended periods of time. Her off-task behavior was characterized by day dreaming and excessive socializing. As she moved into early adolescence, this took the form of a defense against poor school performance and a pervasive low self-esteem. Additionally, Melanie found boys and men responsive to her flirtations. By seventh grade, she also began smoking marijuana on a regular basis.

During the seventh grade, a case study evaluation was conducted. Melanie was found to be eligible for special education with learning disabilities as the exceptional characteristics. Although the psychological report and social developmental study stressed the emotional and psychological aspects of Melanie's school adjustment problems, they failed to clarify Melanie's intelligence quotient (FS IQ 87) placing her at the low end of the average range in a school system where the average student intelligence quotient measures between 105 and 110.

Melanie's grandmother accepted the learning disabilities diagnosis but diminished the emotional disorder. As this placement proved to be inadequate, a half-day, self-contained, cross-categorical placement was recommended by the end of the first semester of that year. During the eighth grade, Melanie responded well to this placement. She bonded up with her teachers, and the staff encouraged her to participate in after school activities. A good athlete, she got involved in basketball and track. As she succeeded in school, however, she deteriorated at home. Melanie and her grandmother fought over a number of routine adolescent issues. Melanie also began dating; as a result, power struggling characterized their relationship. As grandmother would indefinitely ground granddaughter, Melanie would tantrum and often run away.

Melanie's family conflicts occasionally spilled over to school. Her grandmother faithfully attended parent conferences and expressed the view that the school was responsible for Melanie's behavior. In her opinion, Melanie was " running with a fast crowd " and this was directly related to Melanie's special education program. This was, in fact, a manipulative attempt by Melanie's grandmother to ally with her granddaughter, who was limit testing teachers' authority and expressing resentment at being labeled a special education student. Melanie's exaggerated view of her abilities was not tested in the mainstream, however. Rather, Melanie continued in her special education program. Power struggles and temper tantrums began to characterize her relationships with school personnel by the spring recess of her eighth grade year.

When her case was articulated to the high school special education personnel, a strategy of maintaining rigid educational focus as a means of avoiding power struggles with Melanie and her grandmother was established. Two years behind her agemates in basic skills, it was recommended that Melanie be integrated into some academic classes before entering the high school so that she could test out her abilities in an unstigmatized arena. At the same time, Melanie was recommended for a special education resource program as well as a mainstream program for slow learners. Consciously developing a curriculum that stressed normalization, the high school staff recognized that it was dealing with a long-term, mental health disorder. Thus a plan was thus put into place to conduct a case study re-evaluation upon Melanie's matriculation to the high school.

Melanie's adjustment to the high school was problematic. Her dress became increasingly flamboyant. Confrontations with teachers over what appeared to be minor issues brought Melanie to the attention of the deans. Tardies, truancies, and academic failure followed. School staff

considered it important to maintain her in as normalized a school program as possible. Individual and group counseling were provided to assist Melanie in adjusting to her program. She was, however, unable to make effective use of this resource. At issue was her ability to direct that focus of her concerns to family and community concerns. Her relationship with her counselor and special education teachers became stormy. Her views of them became increasingly paranoid.

In order to regain case control, Melanie's case was restaffed. Melanie's low verbal skills made her especially vulnerable to stress in courses like English and History of World Civilization. As a result, Melanie was enrolled in special education classes in these areas while being maintained in courses where her stronger performance skills were predictive of success. A strict educational focus was also established for individual and group counseling. Since Melanie could not manage the stimulation of the counseling hour, her social worker was directed to review only school related issues. Thus, Melanie and her counselor were to concentrate on how she was performing in her classes and how she was handling school rules rather than to delve into issues of substance abuse and familial concerns. With this as the framework, Melanie made reasonably good progress the remainder of the semester.

During her sophomore year, Melanie continued to evidence success. Now on more stable footing, Melanie's special education teacher recommended that she be re-enrolled in basic level English and social studies classes. Although successful at school, Melanie continued to power struggle with her grandmother. A number of mental health referrals were made to private practitioners and community mental health facilities. However, neither Melanie nor her grandmother would avail themselves of these resources. Specific attempts by both to have the school address these concerns were rejected in the belief that Melanie would deteriorate at school if broad and firm boundaries were erected for her. This approach sustained Melanie in school throughout her sophomore and junior years. In fact, Melanie was successful to the point where she was terminated from special education and returned full-time to the mainstream.

During the latter part of her junior year, Melanie began to search for her mother. During the summer, she established contact and concluded that living with her mother would resolve her problems. Her dress became increasingly flamboyant. She talked of dating older, married men and bar hopping in Chicago's Rush Street neighborhood. Although succeeding academically, school staff began to query whether Melanie was prostituting. Staff also believed that Melanie was drugging and perhaps dealing as well. Melanie became more and more detached from her grandmother who, at this point, felt powerless to stop her granddaughter.

Prior to the beginning of her senior year, Melanie attempted suicide by hanging herself in the bathroom. Found by her grandmother, Melanie was hospitalized in a local adolescent psychiatric hospital. Unfortunately, a limited insurance policy brought the hospital personnel to the high school seeking a residential placement. The high school took the position that Melanie continued to be at risk and discharge from the hospital was contraindicated. Indeed, the Student Review Board sought legal consultation and threatened to seek a court order requiring continued hospitalization. Through the efforts of its psychiatric consultant and collaboration with the hospital, Melanie was placed in a Department of Mental Health facility. By December, Melanie was ready for discharge. She was not, however, recommended for intensive special education services. The hospital personnel stressed that Melanie's mental health disorder required a careful balancing of normalizing experiences along with constant monitoring by special personnel. School-based counseling was specifically discouraged because Melanie's psychotherapy needed to address concerns that were unrelated to school. It was also emphasized that Melanie's successful re-entry to the community and to school required her father's direct involvement. It was further recommended that Melanie could not live with her grandmother. Since Board of Education policy permitted this for students who move during the middle of their senior year, Melanie moved into her father's home in Chicago and commuted to Glenbrook South. Returning Melanie to her regular program at a time when the semester was about to conclude was also seen as a setup for failure. Consequently, Melanie was

placed on an interim service and completed the semester with a tutor who worked with her at the district administrative offices. At the same time, Melanie was referred to a local mental health center for psychotherapy. However, Melanie refused to attend. Therefore, it was expected that Melanie would have difficulty during the second semester of her senior year.

The imposition of significant structure was required to maintain her in regular classes. With the assistance of a prevocational coordinator, Melanie got a job as a waitress. This structured her day from early in the morning until the early evening. It was not, however, sufficient. By March, Melanie was referred to the Dean's office for an incident with another student in a physical education class involving a bow and arrow. Melanie was suspended for behavior dangerous to self and others and immediately placed on interim service in hopes of stabilizing her. Consistent with her mental health disorder, Melanie overdosed and was hospitalized a second time. Again, hospital personnel did not recommend intensive special education services. Rather, they became insistent upon intensive psychotherapy through the local mental health center. Appealing to her goal to graduate from high school and go on to a local community college, Melanie was returned to school. She accepted her need for treatment and began seeing a therapist three days a week. This and careful monitoring during the last month of the school year allowed Melanie to earn passing grades and graduate with her class. She did not, however, give up her fantasy of living with her mother. Some time after graduation, Melanie left for Texas to be united with her mother with whom she lived for a period of time and began attending a local community college. Melanie has not been heard from since.

Summary and Conclusion

The disciplinary model set forth in this paper is one that is process focused, grounded in case law, and tempered by seven years of development and application. In order for this model to work, it is necessary that it be accepted not only by the building-level special education department but also by the building level administrative team, the school disciplinarian, and by the local team of experts in the multi-disciplinary staff conference.

One of the first steps in embracing this model is the acceptance of the need to have rigid adherence to process and avoid solution- oriented (rule-focused) approaches to disciplinary challenges. The school's printed student rules and regulations form the basis upon which decisions on disciplinary courses of action to be taken are based. It is out of the necessary structure of the disciplinary code for the mainstream student that the process flows for appropriately handling students with exceptional needs.

Of crucial importance is the need to define the special education student's problem and how it may manifest itself not only in the classroom but anywhere within the school environment. The school disciplinarian needs to have operationalized what the handicapping condition is, how he will recognize it, and what steps he should first take in dealing with it. We have found it most helpful to have a wide range of alternative disciplinary intervention 'modalities' to use as needed. All of these are used on a regular basis in dealing with mainstream student difficulties and require but slight modification to be fully applicable for the special education student. The following is a list of most of the disciplinary alternatives used in the cases cited in this paper and those that are used regularly at Glenbrook South H.S.

1. In-house class exclusion
2. Out of school suspension
3. "Time out" at home
4. Use of school counselor
5. Use of the school social worker
6. Saturday detentions
7. After school detentions
8. Escalation of consequences
9. Interim services

These alternative disciplinary interventions are used when they are diagnostically determined to be appropriate. The importance of teaming between the special education department and the school disciplinarian is of critical importance here. Impulsive decision making must be avoided.

It is interesting to note the "mainstream" disciplinary procedures can often act as a socialization experience for special education students. (Even though they may receive treatment slightly different than that of their mainstreamed peers, the impr3ession that they are treated the same as other students can be most beneficial.) The benefits are to both the student himself and the disciplinarian. The former will feel that he is being dealt with like any other student; hence, he is not "exceptional." The latter will feel his need to treat everyone in a consistent fashion satisfied.

Good communication is the final key to keeping the program running smoothly. This is not easy to maintain and is likely to be the area from which conflict will arise. Quality communication is essential for the building-level administrator in order to prevent impulsive decision making. At times we must slow down the "process" to avoid knee-jerk responses that inevitably come back to haunt us.